

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001329

1. Corporation Name
FLORIDA WILDLIFE CARE, INC.

Principal Place of Business: P O BOX 1644, GAINESVILLE FL 32602-1644
Mailing Address: P O BOX 1644, GAINESVILLE FL 32602-1644



21	2. Principal Place of Business	2a	Mailing Address	3	Date Incorporated or Qualified	03/22/1993
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4	FEI Number	59-3178292
23	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Country	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILLIAMS, KRISTIN T 317 S.E. 51ST STREET GAINESVILLE FL 32601				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		11 TITLE	VTD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, KRISTIN			12 NAME	Meredith Brechtel		
STREET ADDRESS	317 SE 51 ST			13 STREET ADDRESS	4805 SW 19th St		
CITY-ST-ZIP	GAINESVILLE FL			14 CITY-ST-ZIP	Gainesville FL		
TITLE	D	<input type="checkbox"/> DELETE		21 TITLE	DS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HANBERRY, SUSAN			22 NAME	Audrey Holt		
STREET ADDRESS	P.O. BOX 1104 N/A			23 STREET ADDRESS	430 SE 75th St		
CITY-ST-ZIP	MELROSE FL			24 CITY-ST-ZIP	Gainesville FL 32641		
TITLE	SD	<input type="checkbox"/> DELETE		31 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, LORRIE			32 NAME	Kelly Wilcker		
STREET ADDRESS	11704 NE 4TH AVE			33 STREET ADDRESS	2930 SW 23rd Terr. #1103		
CITY-ST-ZIP	GAINESVILLE FL			34 CITY-ST-ZIP	Gainesville FL 32608		
TITLE	CD	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRAUB, LESLIE			42 NAME			
STREET ADDRESS	2284 NW 34TH PL			43 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			44 CITY-ST-ZIP			
TITLE	DA	<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEEHLER, LYNNE			52 NAME			
STREET ADDRESS	4610 NW 35TH RD			53 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			54 CITY-ST-ZIP			
TITLE	DAL	<input checked="" type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KANDY, ROCA			62 NAME			
STREET ADDRESS	307 NW 39TH TERRACE			63 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			64 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Meredith Brechtel Meredith Brechtel 2/20/99 (352) 371-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0011065

CR2E037 (11/98)

APR 21 1999
90153 24 PM 9:13
SOUTH FLORIDA
INTERNATIONAL AIRPORT